

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4	1					
5		1				
6		1				
7	1					
8	2					
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50						
TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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